

Part II

Survey Forms

(Blanks and Samples)

DRAFT

AIR RESOURCES BOARD 1997 LVP-VOC SURVEY OF CONSUMER AND COMMERCIAL PRODUCTS

Confidential

(yes or no)

COMPANY SHEET

Company Name

Contact Person

Division Name (s)

Phone
NumberFax
Number

Address

E-mail
Address

RESPONSIBLE PARTY

(YES or NO)

(If no, stop here, and submit this form to ARB)

TYPE OF BUSINESS

(Indicate the appropriate boxes with an "X")

Manufacturer/Marketer

☐

Retailer

☐

Distributor

☐

Private Label Contract Packager

☐

Custom Contract Packager

☐

SIC CODES

INDEPENDENT OWNERSHIP

Is your company independently owned (Yes/No)?

☐

If No, provide parent company information below.

Parent Company Name

Parent Company Address

NATIONWIDE EMPLOYEES

(0) None

(1) 1 to 10

☐

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

CONTRACT EMPLOYEES (USA)

(0) None

(1) 1 to 10

☐

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

CALIFORNIA EMPLOYEES

(0) None

(1) 1 to 10

☐

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

CONTRACT EMPLOYEES (CA)

(0) None

(1) 1 to 10

☐

(2) 11 to 100

(3) 101 to 250

(4) 251 to 500

(5) More than 500

GROSS ANNUAL RECEIPTS

(1) Less than \$250,000

(2) Between \$250,000 to \$1 million

(3) Between \$1 million and \$10 million

(4) Between \$10 million and \$100 million

(5) More than \$100 million

☐☐

FORMULATION DATA

Are you forwarding the formulation data for one or more of
your products to another company for completion (Yes or No)?

If Yes, please complete Formulator Sheet

CERTIFICATION

"I hereby certify that, to the best of my knowledge and belief, all information entered on the Company Sheet, Formulator Sheet and Product Sheets is complete and accurate."

Name:

Title:

Signature:

Date Signed:

FOR ARB USE ONLY:

Company File Number

Product Number

DRAFT

AIR RESOURCES BOARD 1997 LVP-VOC SURVEY OF CONSUMER AND COMMERCIAL PRODUCTS

Confidential
(yes or no)

FORMULATOR SHEET

If you have completed Product Information Sheets for which you do not have the formulation data, please provide the company name, address and contact persons name and phone number in the spaces below.

Product Sheet Number(s)

Formulator Name

Address

Contact Name

Phone Number

Product Sheet Number(s)

Formulator Name

Address

Contact Name

Phone Number

Product Sheet Number(s)

Formulator Name

Address

Contact Name

Phone Number

Product Sheet Number(s)

Formulator Name

Address

Contact Name

Phone Number

Product Sheet Number(s)

Formulator Name

Address

Contact Name

Phone Number

Product Sheet Number(s)

Formulator Name

Address

Contact Name

Phone Number

FOR ARB USE ONLY:

Company File Number

Product Number

Confidential
(Yes or No)

DRAFT

**AIR RESOURCES BOARD
1997 LVP-VOC SURVEY OF CONSUMER AND
COMMERCIAL PRODUCTS**

A

PRODUCT SHEET # _____ of _____

RESPONSIBLE PARTY AND PRODUCT DATA

Responsible Party Name

Formulator Name (If different than Responsible Party Name)

Full Product Name

Product Form		Customer Type		Category Code	
Aerosol Prod	<input type="checkbox"/>	Household	<input type="checkbox"/>		<input type="text"/>
Liquid	<input type="checkbox"/>	Commercial	<input type="checkbox"/>		
Pump Spray	<input type="checkbox"/>	Industrial	<input type="checkbox"/>		
Gel, Grease	<input type="checkbox"/>	Hhold. & Comm.	<input type="checkbox"/>	Hhd%	<input type="text"/>
Solid, Powder	<input type="checkbox"/>	Comm./Industrial	<input type="checkbox"/>	Com%	<input type="text"/>
Other	<input type="checkbox"/>	Hhold, Comm, Ind	<input type="checkbox"/>	Ind%	<input type="text"/>

SALES REPORTING OPTIONS

Option 1: Total CA Sales in Pounds

Option 2: Product Size Distribution Table

Size	CA Units Sold	Size Units
#1	<input type="text"/>	Wt. Oz. <input type="text"/>
#2	<input type="text"/>	Fluid Oz. <input type="text"/>
#3	<input type="text"/>	(if fluid Oz, list one below)
#4	<input type="text"/>	Density, lb/Gal <input type="text"/>
#5	<input type="text"/>	Density, g/ml <input type="text"/>
#6	<input type="text"/>	Specific Gravity <input type="text"/>

RELATION TO PRODUCT

Manufacturer/Marketer	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
Custom Contract Packager	<input type="checkbox"/>	Distributor	<input type="checkbox"/>
Private Label Packager	<input type="checkbox"/>		

PREVIOUS SURVEYS

Was this product reported in the ARB's February 1990
Consumer Products Survey of VOCs (Yes or NO)?

☐

Was this product reported in the ARB's Mid-Term Measures
1994/1995 Consumer Products Survey (Yes or NO)?

☐

INGREDIENT INFORMATION

LVP-VOC SOLVENT SPECIATION TABLE

	Ingredient Name	Trade Name	CAS #	Wt %
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total LVP-VOC Solvents each less than 0.1% by wt. of the product

(A) Total VOC Content

(D) Total LVP-VOC Solvent Content (Sum of Above)

(B) Total Exempt/Inorganic/Water Content

(E) Total Other LVP-VOC Content

(C) Total Surfactant Content

Total of A, B, C, D and E (MUST EQUAL 100 %)

FOR ARB USE ONLY:

Company File Number

Product Number

Confidential
(Yes or No)

DRAFT

**AIR RESOURCES BOARD
1997 LVP-VOC SURVEY OF CONSUMER AND
COMMERCIAL PRODUCTS**

B

PRODUCT SHEET # _____ of _____

RESPONSIBLE PARTY AND PRODUCT DATA

Responsible Party Name

Formulator Name (If different than Responsible Party Name)

Full Product Name

Product Form		Customer Type		Category Code	
Aerosol Prod	<input type="checkbox"/>	Household	<input type="checkbox"/>		<input type="checkbox"/>
Liquid	<input type="checkbox"/>	Commercial	<input type="checkbox"/>		<input type="checkbox"/>
Pump Spray	<input type="checkbox"/>	Industrial	<input type="checkbox"/>		<input type="checkbox"/>
Gel, Grease	<input type="checkbox"/>	Hhold. & Comm.	<input type="checkbox"/>	Hhd%	<input type="checkbox"/>
Solid, Powder	<input type="checkbox"/>	Comm./Industrial	<input type="checkbox"/>	Com%	<input type="checkbox"/>
Other	<input type="checkbox"/>	Hhold, Comm, Ind	<input type="checkbox"/>	Ind%	<input type="checkbox"/>

SALES REPORTING OPTIONS

Option 1: Total CA Sales in Pounds

Option 2: Product Size Distribution Table

	Size	CA Units Sold	Size Units	
#1	<input type="text"/>	<input type="text"/>	Wt. Oz.	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	Fluid Oz.	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	(if fluid Oz, list one below)	
#4	<input type="text"/>	<input type="text"/>	Density, lb/Gal	<input type="text"/>
#5	<input type="text"/>	<input type="text"/>	Density, g/ml	<input type="text"/>
#6	<input type="text"/>	<input type="text"/>	Specific Gravity	<input type="text"/>

RELATION TO PRODUCT

Manufacturer/Marketer	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
Custom Contract Packager	<input type="checkbox"/>	Distributor	<input type="checkbox"/>
Private Label Packager	<input type="checkbox"/>		

**SELECTED SOLVENT INGREDIENT
INFORMATION TO BE COMPLETED BY
FORMULATOR**

FOR ARB USE ONLY:

Company File Number

Product Number

Confidential
(Yes or No)

DRAFT

**AIR RESOURCES BOARD
1997 LVP-VOC SURVEY OF CONSUMER AND
COMMERCIAL PRODUCTS**

C

PRODUCT SHEET # _____ of _____

RESPONSIBLE PARTY DATA

Responsible Party Name

Formulator Name (If different than Responsible Party Name)

Full Product Name

PRODUCT DATA

Product Form

Aerosol Prod ☐
Liquid ☐
Pump Spray ☐
Gel, Grease ☐
Solid, Powder ☐
Other ☐

Customer Type

Household ☐
Commercial ☐
Industrial ☐
Hhold. & Comm. ☐
Comm./Industrial ☐
Hhold, Comm, Ind ☐

Category Code

Hhd%
Com%
Ind%

FORMULATOR COMPANY DATA

Formulator Name

Contact Person

Formulator Address

Phone Number

Fax Number

INGREDIENT INFORMATION

LVP-VOC SOLVENT SPECIATION TABLE

	Ingredient Name	Trade Name	CAS #	Wt %
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
Total LVP-VOC Solvents each less than 0.1% by wt. of the product				

(A) Total VOC Content

(D) Total LVP-VOC Solvent Content (Sum of Above)

(B) Total Exempt/Inorganic/Water Content

(E) Total Other LVP-VOC Content

(C) Total Surfactant Content

Total of A, B, C, D and E (MUST EQUAL 100 %)

FOR ARB USE ONLY:

Company File Number

Product Number

CONFIDENTIAL INFORMATION SUBMITTAL FORM

If you wish to designate any information contained in your survey data as **CONFIDENTIAL INFORMATION**, please provide the data requested below and return it with your completed survey form.

In accordance with Title 17, California Code of Regulations (CCR), Section 91000 to 91022, and the California Public Records Act (Government Code Section 6250 et seq.), the information that a company provides to the Air Resources Board (ARB) may be released (1) to the public upon request, except trade secrets which are not emissions data or other information which is exempt from disclosure or the disclosure of which is prohibited by law, and (2) to the Federal Environmental Protection Agency (EPA), which protects trade secrets as provided in Section 114(c) of the Clean Air Act and amendments thereto (42 USC 7401 et seq.) and in federal regulation, and (3) to other public agencies provided that those agencies preserve the protections afforded information which is identified as a trade secret, or otherwise exempt from disclosure by law (Section 39660(e)).

Trade secrets as defined in Government Code Section 6254.7 are not public records and therefore will not be released to the public. However, the California Public Records Act provides that air pollution emission data are always public records, even if the data comes within the definition of trade secrets. On the other hand, the information used to calculate information is a trade secret.

If any company believes that any of the information it may provide is a trade secret or otherwise exempt from disclosure under any other provision of law, **it must identify the confidential information as such at the time of submission to the ARB and must provide the name address, and telephone number of the individual to be consulted**, if the ARB receives a request for disclosure or seeks to disclose the data claimed to be confidential. The ARB may ask the company to provide documentation of its claim of trade secret or exemption at a later date. Data identified as confidential will not be disclosed unless the ARB determines, in accordance with the above referenced regulations, that the data do not qualify for a legal exemption from disclosure. The regulations establish substantial safeguards before any such disclosure.

In accordance with the provisions of Title 17, California Code of Regulations, Section 91000 to 91022, and the California Public Records Act (Government Code Sections 6250 et seq.),

Company Name: _____ declares that all the information submitted in response to the California Air Resources Board's information request on the 1997 LVP-VOC Survey for Consumer and Commercial Products is confidential "trade secret" information, and request that it be protected as such from public disclosure. All inquiries pertaining to the confidentiality of this information should be directed to the following person:

Date: _____

Mailing Address: _____

(Signature)

(Printed Name)

(Title)

(Telephone Number)
